

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		19	2/20/
FORMALITY REVIEW	AB	JC 900	02-23-01
RESPONSE FORMALITY REVIEW	TC	JC 947	05/21/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
5	2/20/01
2	2/20/01
12	2/20/01
13	2/20/01
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18	2/20/01
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Claim	Date
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TEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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